

KING COUNTY EMERGENCY MEDICAL SERVICES
RECERTIFICATION

SKILLS CHECKLIST
CBT 443 ALTERED MENTAL STATES

EMT/FR NAME & #

PLEASE PRINT NAME

DATE

GOALS: Early recognition, meaningful intervention, and safe-rapid transport to the appropriate medical facility.
OBJECTIVES: Provided with an EMT/FR partner, appropriate equipment and a simulated overdosed/seizure patient, the EMT/FR will demonstrate treatment using the four-step method of prehospital care (SOAP) according to KCEMS.

SCENE SIZE-UP

☐ Scene Safety

☐ BSI

☐ Additional Resources

INITIAL ASSESSMENT

☐ LOC

☐ Airway

☐ Breathing

☐ Circulation

FOCUSED HISTORY

- ☐ Established rapport with patient
- ☐ Obtained patient's chief complaint (**SAMPLE**)
- ☐ Gathered pill containers (overdose patient)
- ☐ Listened for and recorded suicidal statements (overdose patient)
- ☐ Checked with appropriate caution patient's clothing for needles etc...(overdose patient)

FOCUSED PHYSICAL EXAM

- ☐ Obtained consent
- ☐ Checked for gag reflex (overdose patient)
- ☐ Measured and recorded baseline vital signs (included pupil size, symmetry, and gaze)
- ☐ Measured neurological status (**AVPU**)
- ☐ Checked for bleeding (head to toe, anterior and posterior)
- ☐ Listened to lung sounds bilaterally (overdose patient)
- ☐ Checked for needle marks, tracks and scars (overdose patient)
- ☐ Measured and compared second set of vital signs with baseline vital signs

ASSESSMENT

- ☐ Used nature of illness, chief complaint and exam findings to decide sick or not sick

TREATMENT

- ☐ **REQUESTED MEDICS FOR SICK PATIENT**
- ☐ Protected patient from further injury to self
- ☐ Removed hazardous objects
- ☐ Positioned patient on the floor
- ☐ Loosened restrictive clothing
- ☐ Administer low flow O2 if postictal, high flow if in status seizure or airway compromise
- ☐ Ventilated patient with BVM when necessary
- ☐ Prepared with suction device for vomiting
- ☐ Arranged for transport to appropriate care center

COMMUNICATION

- ☐ Delivered short report

DOCUMENTATION

- ☐ Completed **S.O.A.P** narrative portion of Medical Incident Report Form (MIRF)

RECERTIFY

YES

NO

EVALUATOR

PLEASE PRINT NAME, SIGN & EMS #

ANSWER SHEET FOR RECERTIFICATION COGNITIVE TEST

1. A,B,C,D	Evaluator comments on student's skill performance
2. A,B,C,D	
3. A,B,C,D	
4. A,B,C,D	
5. A,B,C,D	
6. A,B,C,D	
7. A,B,C,D	
8. A,B,C,D	
9. A,B,C,D	
10. A,B,C,D	

STUDENT FEEDBACK

Helpful?	Yes!	Indifferent!	No!
Interesting?	Yes!	Indifferent!	No!

COMMENTS/SUGGESTIONS

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KING COUNTY EMERGENCY MEDICAL SERVICES
RECERTIFICATION

SKILLS CHECKLIST

CBT 433 MEDICAL "ABDOMINAL PAIN"

EMT/FR NAME & #

PLEASE PRINT NAME

DATE

GOALS: Early recognition, meaningful intervention, and safe-rapid transport to the appropriate medical facility.
OBJECTIVES: Provided with an EMT/FR partner, appropriate equipment and a simulated patient with abdominal pain, the EMT/FR will demonstrate treatment using the four-step method of prehospital care (SOAP) according to KCEMS.

SCENE SIZE-UP

☐ Scene Safety

☐ BSI

☐ Additional Resources

INITIAL ASSESSMENT

☐ LOC

☐ Airway

☐ Breathing

☐ Circulation

FOCUSED HISTORY

- ☐ Established rapport with patient
- ☐ Obtained patient's chief complaint (**OPQRST**)
- ☐ Followed **SAMPLE** investigation

FOCUSED PHYSICAL EXAM

- ☐ Obtained Consent
- ☐ Measured baseline vital signs
- ☐ Exposed abdomen
- ☐ Performed abdominal exam beginning with unaffected quadrants (inspection & palpation only)
- ☐ Looked for distension, scars during inspection
- ☐ Observed skin color, temperature (hot or not?) and position
- ☐ Placed patient supine for 2 min and then recorded postural vital signs
- ☐ Placed patient in sitting position with feet dangling, allowed Pt. to compensate for 1-2 min
- ☐ Had Pt. stand up and allow to compensate (watched for HR 20 b/pm or 20mmHg SBP)
- ☐ Remembered **not** to check for postural vital signs in supine Pts. with SBP below 90mmHg
- ☐ Measured 2nd set of vital signs and compared to baseline vital signs

ASSESSMENT

- ☐ Used NOI/MOI, chief complaint and exam findings to decide sick or not sick

TREATMENT

- ☐ **REQUESTED MEDICS FOR SICK PATIENT**
- ☐ Reassured and calmed patient
- ☐ Allowed patient to choose a position of comfort
- ☐ Nothing by mouth (**NPO**)
- ☐ Loosened restrictive clothing
- ☐ Administer appropriate oxygen therapy
- ☐ Prepared with suction device for vomiting
- ☐ Arranged for transport to appropriate care center

COMMUNICATION

- ☐ Delivered short report

DOCUMENTATION

- ☐ Completed **S.O.A.P** narrative portion of Medical Incident Report Form (MIRF)

RECERTIFY

YES

NO

EVALUATOR

PLEASE PRINT NAME, SIGN & EMS#

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8. A,B,C,D			
9. A,B,C,D			
10. A,B,C,D			
STUDENT FEEDBACK			
Helpful?	Yes!	Indifferent!	No!
Interesting?	Yes!	Indifferent!	No!
COMMENTS/SUGGESTIONS			
"It's what you learn after you know it all that's important." The Training Guys©			

2. A,B,C,D

4. A,B,C,D

5. A,B,C,D

6. A,B,C,D

7. A,B,C,D

8. A,B,C,D

9. A,B,C,D

10. A,B,C,D

Helpful?	Yes!	Indifferent!	No!
Interesting?	Yes!	Indifferent!	No!

Helpful?

Yes!

Indifferent!

No!

Interesting?

Yes!

Indifferent!

No!

KING COUNTY EMERGENCY MEDICAL SERVICES
RECERTIFICATION

SKILLS CHECKLIST

CBT 535 PEDIATRICS "FEVER & INFECTION"

EMT/FR NAME & #

PLEASE PRINT NAME

DATE

GOALS: Early recognition, meaningful intervention, and safe-rapid transport to the appropriate medical facility.
OBJECTIVES: Provided with an EMT/FR partner, appropriate equipment and a simulated child patient with fever/infection the EMT/FR will demonstrate treatment using the four-step method of prehospital care (SOAP) according to KCEMS.

SCENE SIZE-UP

☐ Scene Safety

☐ BSI

☐ Additional Resources

INITIAL ASSESSMENT

☐ LOC

☐ Airway

☐ Breathing

☐ Circulation

FOCUSED HISTORY

- ☐ Established rapport with child at their level
- ☐ Observed disposition and evaluated level of consciousness (**AVPU**)
- ☐ Explained to child procedure/s
- ☐ Used parents as primary source of information
- ☐ Talked to child and listened to their answers
- ☐ Avoided open ended questions
- ☐ Obtained patient's chief complaint (**OPQRST**)
- ☐ Followed **SAMPLE** investigation (inquired about previous & repeat ER visits)

FOCUSED PHYSICAL EXAM

- ☐ Obtained consent to examine, began exam at patients feet
- ☐ Focused on chief complaint
- ☐ Measured baseline vital signs
- ☐ Looked for accessory muscle use for breathing
- ☐ Listened to lung sounds bilaterally, anterior and posterior
- ☐ Observed skin color, temperature and position
- ☐ Examined and secured sample of vomit for ER staff (if present)
- ☐ Measured and compared 2nd set of vital signs with baseline vital signs

ASSESSMENT

- ☐ Used Nature of Illness, chief complaint and exam findings to decide sick or not sick

TREATMENT

- ☐ **REQUESTED MEDICS FOR SICK PATIENT**
- ☐ Allowed child to stay with mother (exception respiratory distress and/or arrest)
- ☐ Administer low flow O2
- ☐ Ventilated patient with BVM when necessary
- ☐ Prepared with suction device for vomiting
- ☐ Maintained composure
- ☐ Arranged for transport to appropriate care center

COMMUNICATION

- ☐ Delivered short report

DOCUMENTATION

- ☐ Completed **S.O.A.P** narrative portion of Medical Incident Report Form (MIRF)

RECERTIFY

YES

NO

EVALUATOR

PLEASE PRINT NAME, SIGN & EMS #

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STUDENT FEEDBACK

Helpful?	Yes!	Indifferent!	No!
Interesting?	Yes!	Indifferent!	No!

COMMENTS/SUGGESTIONS

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KING COUNTY EMERGENCY MEDICAL SERVICES

RECERTIFICATION

SKILLS CHECKLIST

CBT 301 TRAUMA "SOFT TISSUE INJURIES"

EMT/FR NAME & #

PLEASE PRINT NAME

DATE

GOALS: Early recognition, meaningful intervention, and safe-rapid transport to the appropriate medical facility.
OBJECTIVES: Provided with an EMT/FR partner, appropriate equipment and a simulated patient with soft tissue injuries, the EMT/FR will demonstrate treatment using the four-step method of prehospital care (SOAP) according to KCEMS.

SCENE SIZE-UP

☐ Scene Safety

☐ BSI

☐ Additional Resources

INITIAL ASSESSMENT

☐ LOC

☐ Airway

☐ Breathing

☐ Circulation

FOCUSED HISTORY

- ☐ Established rapport with patient
- ☐ Obtained patient's chief complaint (**SAMPLE**)
- ☐ Considered mechanism of injury

FOCUSED PHYSICAL EXAM

- ☐ Obtained consent
- ☐ Measured baseline vital signs
- ☐ Checked for bleeding (neck, head to toe, anterior and posterior)
- ☐ Measured capillary refill
- ☐ Assessed motor function
- ☐ Tested for sensation and feeling
- ☐ Checked distal pulses
- ☐ Measured second set of vital signs and compared to baseline vital signs

ASSESSMENT

- ☐ Used mechanism of injury, chief complaint and exam findings to decide sick or not sick

TREATMENT

- ☐ **REQUESTED MEDICS FOR SICK PATIENT**
- ☐ Reassured and calmed patient down
- ☐ Applied direct pressure over *open bleeding* wound with gloved hand
- ☐ Applied sterile compression dressing over entire *open bleeding* wound
- ☐ Maintained pressure with roller bandage (only for open soft tissue injury)
- ☐ Administered appropriate oxygen therapy
- ☐ Applied second dressing and bandage on top of original for bleeding that recurs
- ☐ If necessary, applied pressure point to *open bleeding* wound
- ☐ Gently supported injured part
- ☐ Applied cold pack to injured part (only for closed soft tissue injury)
- ☐ Compressed down over dressing with roller bandage (only for open soft tissue injuries)
- ☐ Splinted, immobilized and elevated injured part
- ☐ Arranged for patient transport to appropriate care center

COMMUNICATION

- ☐ Delivered short report

DOCUMENTATION

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STUDENT FEEDBACK

Helpful?	Yes!	Indifferent!	No!
Interesting?	Yes!	Indifferent!	No!

COMMENTS/SUGGESTIONS

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KING COUNTY EMERGENCY MEDICAL SERVICES
RECERTIFICATION

SKILLS CHECKLIST
CBT 801 MULTIPLE CASUALTY INCIDENTS

EMT/FR NAME & #

PLEASE PRINT NAME

DATE

GOALS: Early recognition, meaningful intervention, and safe-rapid transport to the appropriate medical facility.
OBJECTIVES: Given 4 simulated patients, triage within 30 seconds using the Triage System.

SCENE SIZE-UP

☐ Scene Safety

☐ BSI

☐ Additional Resources

INITIAL ASSESSMENT

☐ LOC

☐ Airway

☐ Breathing

☐ Circulation

INCIDENT COMMANDER

- ☐
- ☐
- ☐
- ☐

MEDICAL GROUP SUPERVISOR

- ☐
- ☐
- ☐
- ☐

TRIAGE GROUP LEADER

- ☐
- ☐
- ☐
- ☐

TREATMENT GROUP LEADER

- ☐
- ☐
- ☐
- ☐

TRANSPORT GROUP LEADER

- ☐
- ☐
- ☐
- ☐

DOCUMENTATION

☐ Completed **S.O.A.P** narrative portion of Medical Incident Report Form (MIRF)

RECERTIFY

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STUDENT FEEDBACK

Helpful?	Yes!	Indifferent!	No!
Interesting?	Yes!	Indifferent!	No!

COMMENTS/SUGGESTIONS